

W02

Formality Review Claims Count Sheet

Case No. _____

Date: ____/____/____

As Filed			As Filed			As Filed			As Filed		
No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.
1			51			101			151		
2			52			102			152		
3			53			103			153		
4			54			104			154		
5			55			105			155		
6			56			106			156		
7			57			107			157		
8			58			108			158		
9			59			109			159		
10			60			110			160		
11			61			111			161		
12			62			112			162		
13			63			113			163		
14			64			114			164		
15			65			115			165		
16			66			116			166		
17			67			117			167		
18			68			118			168		
19			69			119			169		
20			70			120			170		
21			71			121			171		
22			72			122			172		
23			73			123			173		
24			74			124			174		
25			75			125			175		
26			76			126			176		
27			77			127			177		
28			78			128			178		
29			79			129			179		
30			80			130			180		
31			81			131			181		
32			82			132			182		
33			83			133			183		
34			84			134			184		
35			85			135			185		
36			86			136			186		
37			87			137			187		
38			88			138			188		
39			89			139			189		
40			90			140			190		
41			91			141			191		
42			92			142			192		
43			93			143			193		
44			94			144			194		
45			95			145			195		
46			96			146			196		
47			97			147			197		
48			98			148			198		
49			99			149			199		
50			100			150			200		

T. Ind.	4	T. Ind.		T. Ind.		T. Ind.	
T. Dep		T. Dep		T. Dep		T. Dep	
Total	24	Total		Total		Total	